



5-14-4

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000321 7590 03/04/2004

**SENNIGER POWERS LEAVITT AND ROEDEL
ONE METROPOLITAN SQUARE
16TH FLOOR
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Denise L. Wright	(Depositor's name)
<i>Denise L. Wright</i>	(Signature)
May 13, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/772,101	01/26/2001	G. Cameron Dales	SMX 3104 (2000-108)	7959

TITLE OF INVENTION: APPARATUS AND METHODS FOR PARALLEL PROCESSING OF MULTIPLE REACTION MIXTURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SODERQUIST, ARLEN	1743	422-130000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Senniger, Powers,
2 Leavitt & Roedel
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Symyx Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0496 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Michael E. Gordon

5/13/04

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01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
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